

1621

**PLACE OF BIRTH**

County of Gila

District of Arizona

Town of Miami

or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. \_\_\_\_\_

Co. Register No. 293

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Charles Henry M<sup>c</sup> Clellan } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth 2 Legitimate? yes Date of Birth May 24 1918.  
 (Month) (Day) (Yr.)

Full Name Charles Henry M<sup>c</sup> Clellan FATHER  
 Residence Miami - Arizona  
 Color or Race white Age at last Birthday 31 (Years)  
 Birthplace California  
 Occupation Miner

Full Maiden Name Carrie Mente MOTHER  
 Residence Miami - Arizona  
 Color or Race white Age at last Birthday 22 (Years)  
 Birthplace Bland - New Mexico  
 Occupation Housewife

Number of child of this mother... 2 ... Number of children, of this mother, now living... 1 ... Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on May 24, 1918, at 1 A. M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) Cyril M. Cron M.D.  
 (Attending physician, midwife, householder.)\*  
 Address Miami, Arizona  
 Given or christian name added from a supplemental report \_\_\_\_\_ 1918

345-524-345  
 COUNTY REGISTRAR.

Filed Aug 9 1918  
 A True Copy  
 Filed Aug 6 1918  
 LOCAL REGISTRAR  
John H. Kacy  
 COUNTY REGISTRAR.